VA/DoD TBI,SCI,Blind Rehab Memorandum of Agreement Current/Recommended Revisions

History

- DoD/VA MOA Regarding Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services
- Pre-dates TRICARE, MMSO or TRICARE Prime Remote
  - Mid-1980s
- Each service managed their own service members
  - Army managed by referring MTF, paid centrally
  - Air Force managed and paid by referring MTF
  - Navy Office of Medical and Dental Affairs (OMDA)
    - Central authorization and claim payment
    - 1998 OMDA becomes MMSO
    - 2003 MMSO began authorizing care and paying claims for Army.

History

- **Intent of MOA changes was to standardize claims payment across MHS**
  - 2005 Discussion began to consolidate all MOA care authorizations under centralized organization
  - Claims payment was to transition to MCSC
  - TMA as DoD representative led discussion with all services providing representation
  - VHA provided representation from Chief Business Office, Sharing Office and the Subject Matter Experts from the programs involved
  - MMSO provided several staff members also as SMEs, who had worked program for many years

History

- **Goals for outcome of MOA were understood by the participating groups, but not clearly defined to committee as a whole**
  - TMA's goal for the new MOA was to get all claims payment for MOA care done by Managed Care Support Contractors
  - VA's goal was to get a centralized organization to do all authorizations and payment for all services
  - Clinical goals were to clearly define the patient population that was to be served under the MOA
- Everyone's goals were met
- "New" MOA was signed in Dec 2006 for implementation 1 Jan 2007
- No one anticipated challenges about to face all of us with the implementation

History

- Implementation and Transition period January 1 to April 1, 2007
  - MMSO contacted all MCSCs and established procedures for authorizations
  - TRICARE Operations Manual (TOM) changes were published
    - Identified the ICD-9 codes for the patients served under the MOA
    - Provided guidance to MCSCs for the payment of claims for the service members
  - MOA published to all concerned organizations

History

- Intervening events
  - Start of war in Iraq
    - Increased number of battle casualties returning to CONUS with TBI, SCI, or Blinding Injuries
    - Receiving MTFs overwhelmed by numbers of patients returning
  - Walter Reed incident and Dole-Shalala Committee findings
    - Requirement to move patients out of the MTFs and get them to rehab facilities or home as soon as possible
    - Requirement for increased case management
    - Requirement for communication across the continuum of care
  - Report of Armed Forces Epidemiology Board
    - Any SM exposed to blast should be evaluated for TBI
    - Evaluations not part of MOA

Challenges

- Poor Communication of Changes
  - MOA and TRICARE Operations Manual (TOM) changes were communicated to leadership but not to the staff working w/ the patients
  - Many of staff members never saw the MOA and had no idea there were TOM changes or where to find them
  - Many of the MHS staff were used to certain procedures w/ these pts and found change difficult.

Challenges

- Miscommunication and Misunderstanding of Directions
  - TOM directed MMSO to provide auth to MHS
  - VA facilities called MMSO for auths
  - Claims submitted w/ MMSO auth number
  - MCSC directed VA to use MCSC auth number to file claims

Challenges

- Fragmentation of Care for Patients
  - MMSO authorized inpatient care for TBI/SCI/Blind rehab
    - In patient authorization was all inclusive while pt hospitalized
    - Only DME needed separate authorization
  - Enrollment and needed service determined authorizing agent for outpatient care
  - VA and MMSO staffs had difficulty

Challenges

- Durable Medical Equipment
  - Implantable
    - Authorization given for surgery
    - MMSO getting requests for plates and screws to be used in approved surgery
  - Non-Implantable
    - Statute governing what is DME is different for VA and DoD
    - Definition in TRICARE Policy Manual clear
    - No standardized list of what could and could not be authorized

Challenges

- Evaluation vs. Rehab
  - Armed Forces Epi Board Recommendation
    - Fall of 2006
    - Recommendation for all members exposed to blast be evaluated for TBI
  - MOA clearly defined for rehabilitation
  - Evaluation is not rehabilitation
  - VA process to medically evaluate pt condition before admitting to rehab unit
    - Became an issue of semantics
    - Assessment of needs vs. evaluation

Challenges

- Coast Guard, NOAA, USPHS all TRICARE beneficiaries
  - Not part of DoD
- Not covered under the MOA
- VA having difficulty getting authorizations and claims paid for those services
  - Claims paid at TRICARE rate vs. Interagency rate

Challenges

- Cross Regional admissions and enrollments
  - MMSO provided auths for all Active Duty regardless of where admitted or enrolled
  - VA facilities not contracted as network providers for all MCSCs
  - Problems w/ claims payment
    - Different contract rates depending on region and MCSC

Challenges

- Electronic Assistive Devices
  - PDAs issued
  - Define DME and Rehab devices vs. what are accommodation devices
  - Computer/Electronic Accommodations Program (CAP)
    - Expanded program to assist SMs w/ accommodation needs
    - Who gives what etc.

Challenges

- Claims payment prior to 1 Jan 07
  - Different processes at different VA facilities
  - No standardized forms used
  - All Army, Navy, Marine Corp claims paid by MMSO
  - All inpatient and outpatient care was paid using Interagency rates

- Claims payment after 1 Jan 07
  - 3 month transition period for claims from MMSO to MCSC
  - Interagency rate for inpatient stay, TMAC -10% for outpatient care
  - Co-morbid conditions
    - Inpatient all covered w/ MMSO auth
    - Outpatient authorized through MCSC
  - Requirement for MOA diagnosis code to be primary or secondary diagnosis
  - Would claim pay w/ Interagency rate or TRICARE rate?

System of Care

- Emergent/Urgent: Battlefield/Landstuhl
- Surgical: Military Treatment Facilities
- Rehabilitation: VHA – MOA Facilities
  - Component I – Polytrauma Rehabilitation Centers (5)
  - Component II – Polytrauma Network Sites (21)
  - Component III – Polytrauma Support Clinic Teams (72)
  - Component IV – Polytrauma Point of Contact (61)

Polytrauma Component I and II Sites

MOA Authorization Requirements

- MMSO sends authorizations to the contractor by fax
- MCSC verifies care authorized by MMSO
- MCSC processes the claim for payment
- If authorization not on file, the contractor electronically pends claim to MMSO for payment determination

Reimbursement for Care Under MOA

- Inpatient Care
  - All inpatient interagency rates may apply (i.e. Surgery)
  - Includes room and board, nursing, physician, and ancillary care; does not include prostheses, DME, etc; these items are paid separately at billed charges
  - More than one interagency rate may apply to the same inpatient stay
  - A claim may indicate one or multiple applicable rates and number of inpatient days associated with each rate

- Outpatient care paid at 10% discount from the TRICARE allowable rate (i.e. CMAC)

Reimbursement for Care Under MOA

- Claims for the following care shall be paid at the interagency rate if one exists and, if not, then at billed charges: transportation; prosthetics; orthotics; durable medical equipment; adjunctive dental care; home care; personal care attendants; and extended care (e.g., nursing home care).

- If authorized by MMSO, normal TRICARE coverage limitations do not apply to services rendered for MOA care

TMA Computer/Electronic Accommodations Program

- DOD program for issuance of assistive technology for active duty with TBI, SCI, Blind Rehab conditions
- VA should provide needs assessment (i.e. OT or Speech Therapy); TMA CAP can provide needs assessment for devices but wait list is usually long
- Separate program and reimbursement mechanism from TRICARE contracts
- TMA CAP and VHA Prosthetics participating in emerging technology workgroup to discuss standardizing devices between VA and DOD
- Request through the TMA CAP Wounded Service Member
  - http://www.tricare.mil/cap/wsm/
  - No claim filing; TMA CAP purchases assistive technology devices
  - VA staff can order the devices on behalf of the member

General Issues

- Difficulty in obtaining referrals/authorizations from MTF/ MCSC for Active Duty, especially for continued outpatient care and necessary non-medical items required for rehabilitation.
- MCSCs do not recognize each of the PRCs as network facilities if not located in their region.
- Conflicting billing guidance from DoD/MCSCs.
- MCSCs requiring VAMCs to split claims when a regional Prime enrollment change occurred while ADSM remained an inpatient.

General Issues

- MCSCs not reimbursing VA facilities for DME, consider it included in the per diem charge.
- SCI/TBI/Blind Rehabilitation ICD9 Diagnosis Code must be in first or second position on the claim.
- MCSCs are only reimbursing for Rehabilitation Care, Medical/Surgical care provided is being reimbursed at the Rehab rate.
- MCSCs recouping funds and off-setting reimbursement for other claims, making it difficult for VAMCs to marry up bills to payments.

Dispute Resolution Procedures

- Authorizations: Preauthorization disputes resolved through MMSO Nurse Supervisor Pat Maravola at (888)647-6676 ext 6636; if not resolved at this level refer to VA Liaison at TRICARE Regional Office (TRO)

- Claims: Claim disputes resolved through Contractor; if not resolved through this avenue then refer to VA liaison at TRO

Recommended MOA Revisions

- Current: Specifies only Inpatient TBI, SCI, and Blindness Conditions
  - Future:
    - Expand to Inpt and Outpt Co-Morbid Conditions
    - MMSO provides all authorizations to MCSC
- Current: Only includes VHA Polytrauma Rehab /SCI/Blindness Centers
  - Future: Expand to PRC Network and SCI Primary Care Teams in VAMCs outside 21 SCI Centers

Recommended MOA Revisions

- Current: Specifies Clinical Transfer Requirements of Patients
  - Future:
    - In addition to clinical, clarifies administrative aspects of transfer (appropriate medical documents/referrals /authorizations, enrollment changes)
    - Specifies “warm hand-off” of patient (i.e. telephone contact between MTF and VA providers)
- Current: Specifies VAMC Acceptance Criteria for Patient
  - Future: Establishes 3 business day suspense for VAMC acceptance

Recommended MOA Revisions

- Current: Outlines Care Coordination Requirements
  - Future:
    - Clarifies clinical case management is between MTF and VA; not the MMSO
    - MMSO provides initial & on-going authorizations
    - Requirements for Preauthorization from MMSO
      - Treatment Plan
      - Expected Length of Stay
      - Prognosis of Condition

Recommended MOA Revisions

- Future: (Continued)
  - Preauthorizations are valid depending on patient prognosis for:
    - Initial Inpatient; 21 days
    - Outpatient; Initial - 30 days & Continued – 90 days
    - Continued Inpatient; 180 days
  - Authorization Request/Response Suspenses:
    - VAMC Continued Inpatient Request; 5 business days
    - MMSO–Initial & Continued Inpatient Responses; 2 business days
    - Retro-active authorizations permitted

Recommended MOA Revisions

- Current: Claims must have TBI, SCI, Blindness diagnosis in first or second position on claim for special payment rates
  - Future:
    - MMSO authorization number will identify claims;
    - VAMCs not required to identify claims covered by MMSO authorization
- Current: Identifies Polytrauma Rehab Network of Care, SCI Centers, and Blindness Centers
  - Future: More Detailed Definitions of PRC Network of Care, SCI and Blindness Centers

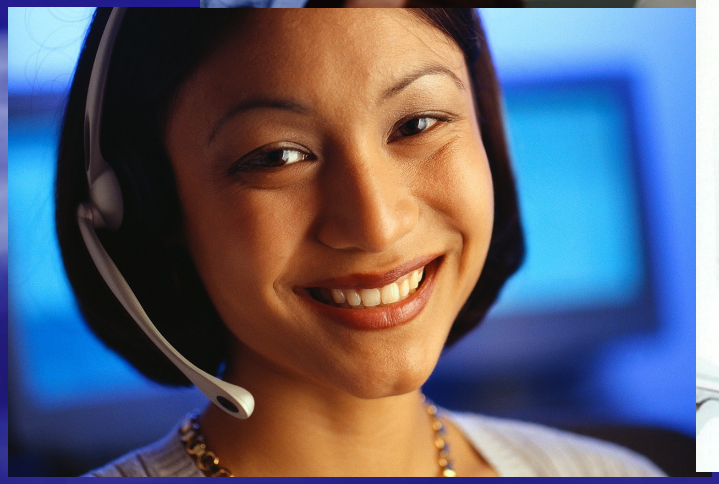
Recommended MOA Revisions

- Current: Inpatient billed on UB92 and Outpatient on CMS 1500
  - Future:
    - Inpatient Billed on UB04
    - All other care - Professional billed on CMS 1500 and Facility/Technical billed on UB04
- Current: MCSCs recoup funds by offsetting future reimbursement.
  - Future: MCSCs directed that recoupment of funds from another government agency is prohibited .

Recommended MOA Revisions

- Current: Silent on Outpatient Pharmacy
  - Future: VA may provide outpatient prescription drugs if e-pharmacy solution with TRICARE pharmacy network is in place; otherwise prescriptions must be filled in TRICARE network pharmacy
- Current: Limited coverage of benefits under MOA
  - Future: Expand benefits to inpt/outpt transitional rehab, inpt/outpt TBI evals, non-med rehab items, conjoint therapy, cognitive rehab,

Points of Contact



Recovering Service Members MCSC Programs

- HealthNet Wounded Warrior Support Program
- Humana Military Warrior Navigation & Assistance Program
- Triwest Wounded Warrio
  Case Mgmt

Health Net Federal Services Warrior Care Support Program

- Provides health care planning and coordination services for severely injured active duty including behavioral health issues and their families

- Each active duty member is assigned a Health Net “Health Care Coordinator” who works together with the MTF and VA as a single point of contact for TRICARE civilian health care services.

Humana Military Warrior Navigation & Assistance Program

- Supports active duty, Guard and Reserve active duty in transition and their families with information on the TRICARE program and seamless transition.

- This program offers a new advocacy unit to navigate access to care in the Military Health System, Veterans Affairs, and community assets.

- Offers clinical programs designed to meet the special needs the active and reserve component members.

- This specialized unit oversees education and assistance initiatives for civilian providers caring for active duty and their families.

Triwest Wounded Warrior Case Mgmt

- Active Duty Referrals are screened for Case Management
- Case Manager contacts the MTF or CBHCO to ask if TW assistance is required. {This includes ADSMs in the Warrior Transition Units (WTU) and the Traumatic Brain Injury (TBI) programs }; OIF/OEF members are flagged in Triwest auth referral and CM system
- TW has a TBI program which incorporates case management and care coordination
- “Seamless transition” is a standing agenda item at Executive Management Team meetings

VA Liaisons to TRICARE Regional Office

- Responsibilities include:
  - Liaison with TRICARE Contractor, VISNs, VHA, and TRICARE Management Activity (TMA) to Resolve Problems
  - Communicating with DOD Entities and VA Staff Concerning VA's Role in the TRICARE Program
  - Formulating Proposals to Improve VA Medical Centers' Participation
  - Coordinating Provider Education


“To Care For Him Who Shall Have Borne the Battle, And For His Widow and Orphan”
Abraham Lincoln